



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224505
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1224505

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	7/14/2014
Date Completed	7/15/2014

Operator	A.P.I #	County	State
L R Energy Inc.	15-125-32410-00-00	Montgomery	Kansas

Well No.	Lease	Section	Township	Range
12K-30	Gartner	30	32	14 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	4	21' 2" 8 5/8	1012	6 3/4

0-4	DIRT	726-736	SANDY SHALE	924-941	SHALE
4-8	CLAY	736-743	LIME	941-944	BLACK SHALE
8-45	SHALE /CLAY	743-753	SAND	944-965	LIME (PAWNEE)
45-86	SHALE	753-766	SANDY SHALE	965-971	BLACK SHALE
86-94	LIME	766-793	SHALE	971-972	COAL
94-161	SHALE	793-804	LIME	972-978	SANDY SHALE
161-163	BLACK SHALE	804-807	BLACK SHALE	978-980	LIME
163-168	LIME	807-813	SHALE	980-1012	SHALE
168-177	SHALE	813-816	LIME	1012	TD
177-180	SANDY SHALE	816-818	SHALE		
180-215	SAND / DAMP	818-823	LIME		
236	WENT TO WATER	823-826	BLACK SHALE		
215-240	SANDY SHALE	826-828	SANDY SHALE / LT ODOR		
240-394	SHALE	828-832	SAND / LT ODOR		
394-401	LMY SHALE	832-834	SANDY SHALE		
401-444	SHALE	834-844	SAND		
444-457	SAND	844-847	DK GRY SAND/ LT ODOR		
457-460	LIME	847-849	SAND		
460-480	SHALE	849-854	SAND / LT ODOR		
480-486	SAND	854-855	COAL		
486-491	LIME	855-871	SAND / GOOD ODOR, SHOW IN PIT		
491-498	SHALE	871-874	LAMINATED SAND		
498-541	LIME	874-891	SAND/ GOOD ODOR, SHOW IN PIT		
541-570	SAND	891-894	SAND / LT ODOR		
570-596	SANDY SHALE	894-897	SAND / GOOD ODOR		
596-642	SHALE	897-901	LAM. SAND/ LT ODOR		
642-645	LIME	901-905	SAND		
645-673	SHALE	905-908	SAND/ SHALE		
673-723	LMY SHALE	908-912	SHALE		
723-726	LIME	912-924	SANDY SHALE		

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1460**
 Foreman Steve Neal
 Camp Eureka

APT 15-125-32410

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-22-14	1049	Gardner 12K-30	30	32S	14E	MG	Ks
Customer			Unit #	Driver	Unit #	Driver	
L R Energy			102	Chris B			
Mailing Address			111	Jay			
5602 CR 2700			141	Rudy			
City	State	Zip Code					
EIK City	Ks	67344					

Job Type L/S Hole Depth 1012' Slurry Vol. 36 bbls Tubing _____
 Casing Depth 1001 Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 16 bbls Displacement PSI 500⁺ Bump Plug to 1000⁺ BPM _____

Remarks: Safety Meeting Rig up to 4 1/2 casing. Break circulation w/ 12 bbl
Fresh water. Pump 500⁺ Gel Flush & 5 bbl water spacer. Mix 110 sacks Thickset
Cement w/ 5" Kal-Seal + 1" Phenoseal per/sk Washout Pump & Lines. Shut down
Release plug Displace w/ 16 bbls Fresh water Final pumping Pressure 500⁺.
Bump Plug 1000⁺. Wait 2 min Release Pressure Plug held. Good
Cement Return To surface 10 bbls Top it.
Job complete Rig down

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C201		Thickset Cement	19.50	2145.00
C207		Kal-Seal 5" per/sk	.45	247.50
C208		Phenoseal 1" per/sk	1.25	137.50
C206	500 ⁺	Gel Flush	.20	100.00
C108B	6.05	Ton mileage Bulk Truck	1.35	408.38
C113	3hr.	8000 Use Truck	85.00	255.00
C224	3000 gallons	City Water	10.00/1000	30.00
C403	1	4 1/2 Top Rubber Plug	45.00	45.00
			Subtotal	4615.88
			Sales Tax	166.36
				6.15%
Authorization <u>[Signature]</u>	Title <u>PS</u>		Total	4782.24

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.